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OFFICIAL

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tel: (949) 282-1000
fax: (949) 282-1002**FACSIMILE TRANSMISSION COVER SHEET****Date:** July 13, 2004**To:** United States Patent and Trademark Office
Examiner: Pan, Daniel H.; Art Unit: 2183**Fax:** (703) 872-9306**Re:** **Application Serial No.: 09/829,823**
Filing Date: 4/10/2001; First Named Inventor: Sameer I Bidichandani
Attorney Docket No.: 00CON104P**From:** Farjami & Farjami LLP**Number of pages including the cover sheet:** 20**Message:**

Enclosed please find the Amendment Cover Sheet and Response to the Non-Final Office Action dated April 16, 2004.

Thank you.

BEST AVAILABLE COPY

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Attorney Docket No.: 00CON104P

AMENDMENT COVER SHEETIN RE APPLICATION OF: Bidichandani, et al.SERIAL NO.: 09/829,823 FILED: April 10, 2001FOR: Method for Reducing Power When Fetching Instructions in a Processor and Related ApparatusHONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☒ No additional fee is required.☐ The fee has been calculated as shown below:☐ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$
SECOND MONTH AFTER TIME PERIOD SET	420.00	210.00	\$
THIRD MONTH AFTER TIME PERIOD SET	950.00	475.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,480.00	740.00	\$

☐ TOTAL EXTENSION FEE \$ 0.00☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	32	MINUS **32	* = 0	x 18	x 9	\$
INDEPENDENT	3	MINUS ***3	* = 0	x 86	x 43	\$
First presentation of multiple dependent claim				+ 290	+ 145	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
 ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
 *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

Attorney Docket No.: 00CON104P

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☐ Enclosed is the total fee of \$ 00.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date:

7/13/04

By:


Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 703-872-9306 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.

7-13-04

Date

Susan Hansen
SignatureSusan Hansen
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I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:

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